Social Determinants of Indigenous Health: what might really make the difference to health outcomes

(Part 1 of 3)

Fran Baum  @baumfran
Southgate Institute for Health, Society and Equity,
NHMRC Centre for Research Excellence in Health Equity
Presentation to NACCHO Members Conference
Melbourne 8th December
Overview

• Social determinants of Indigenous Health
• Pathways from SD to ill health
• What works to improve SDH – daily living conditions
• Global context affecting all our health – power money and resources
• Importance of advocacy
Indigenous Health Outcomes

Death

11 year life expectancy gap – 10 for women, 12 for men

Illness

Higher rates of infectious and chronic disease

Risk

Higher rates of risky behaviour driven by high risk social, economic and cultural environments, high rates of incarceration
Commission on the Social Determinants of Health

"(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible. Social injustice is killing people on a grand scale."

In Australia closing the gap between health of Aboriginal and Torres Strait Islanders and other Australians is most vital
Basic logic: what good does it do to treat people's illnesses/addictions/send them to gaol... .........

then give them no choice but to go back to or no control over the conditions that made them sick/addicted/commit crime in the first place?
Commission on the Social Determinants of Health: Recommendations

- Daily living conditions create inequities
- Power money and resources shape these conditions
- Expand the knowledge base on the SDH, develop the workforce and advocacy for SDH
Equitable societies treat people according to need
What additional knowledge about Indigenous SDH

Social determinants and the health of Indigenous peoples in Australia – a human rights based approach
Workshop paper presented by Mr Darren Dick on behalf of Mr Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner


Closing the gap clearinghouse

What works? A review of actions addressing the social and economic determinants of Indigenous health

Issues Paper no. 7 produced for the Closing the Gap Clearinghouse
Katy Osborne, Fran Baun, Lynsey Brown
December 2013

Social Determinants of Indigenous Health

Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people
Anna M. Ziersch1,2,3, Gilbert Gallaher1,3, Fran Baun1,2, Michael Bentley1,2

Social Science & Medicine (2014) 111, 1–8

1School of Public Health and Primary Health Care, UQ, Brisbane, Australia
2South Australian Centre for Health Research and Development, Adelaide, Australia
3Australian Institute of Family Studies, Melbourne, Australia
Figure 1: Conceptual model of social determinants of Indigenous health and health inequities. Adapted from Turrell & Mathers 2000:436
Emerging themes in understanding Social determinants of Aboriginal and Torres Strait Islander health

• Impact of invasion of lands
• Loss of land
• Threats to culture and identity from whiteness and colonial mentality
• Dominance of whiteness on access to basic determinants: education, employment, housing
• Racism
Social Determinants get under our skin and cause diseases and health inequities .... Chronic stress is one of crucial pathways for Indigenous Peoples....
### Effects of Acute Stress

- **Brain**: Increased alertness and less perception of pain
- **Thymus gland and other immune tissues**: Immune system readied for possible injury
- **Circulatory system**: Heart beats faster, and blood vessels constrict to bring more oxygen to muscles
- **Adrenal glands**: Secrete hormones that mobilize energy supplies
- **Reproductive organs**: Reproductive functions are temporarily suppressed

### Effects of Chronic Stress

- **Brain**: Impaired memory and increased risk of depression
- **Thymus gland and other immune tissues**: Deteriorated immune response
- **Circulatory system**: Elevated blood pressure and higher risk of cardiovascular disease
- **Adrenal glands**: High hormone levels slow recovery from acute stress
- **Reproductive organs**: Higher risk of infertility and miscarriage

---

*Figure 6.7 The biology of stress.*

---
Perceived Threat

Fight or Flight

- Increased production of adrenalin
- Increased Heart Rate
- Increased BP
- More blood directed to muscles
- Dilated pupils (eyes)
- Less blood to other organs (e.g., kidneys, liver)

Threat Passes

Those With Power

- Increased production of Endorphins, reduced production of adrenalin
- Decreased Heart Rate
- Decreased BP
- Less blood directed to muscles, muscles relax
- Normal pupils (eyes)
- More blood to other organs (e.g., kidneys, liver)

Those Without Power
Biological Pathways 2 ...

Psych-social Demands (Stressors)
- Life events, chronic stress, daily hassles

Resistance & Vulnerability Factors
- Coping Responses; Personality; Social Supports

Psycho-biological Stress Response

Neuro-endocrine (brain & hormones)
- Cortisol, ACTH, Catecholamines, Beta-endorphins, Testosterone, Insulin
  - High BP
  - Increased risk infection
  - Increased Heart Rate
  - Increased risk cancer
  - Decreased Blood Clotting Time
  - Insulin resistance
  - Anxiety
  - Depression

Autonomic metabolic
- Cardiovascular function, Renal function, Gastro-intestinal motility, Fat metabolism, Haemostasis
  - High Cholesterol
  - High BP
  - Increase heart rate

Immune
- Immunoglobulins, WBCs, Lymphocyte sub-populations, Cytokines.

Diabetes ... Heart disease ... Stroke ... Renal Disease ... Infections ... Cancer

Source: Marmot & Wilkinson, 1999
How social determinants get into our brains and cause mental & physical health problems

Lack of control over work and home life

Living in area with high disorder & lack of safety

Gendered violence

Poverty – managing on low income

Long term chronic stress

Discrimination (racism, sexism)

Social isolation & lack of meaningful contacts

Unemployment

Non-permanent work

Coping by using substances harmful to health – alcohol, tobacco, illegal drugs

Early childhood not stimulating maximum brain development

Chronic Disease
Depression, Anxiety

Barriers to seeking mental health care: cultural, financial, class, gender
Empowerment-based practice

“The success of an economy and of a society cannot be separated from the lives that the members of the society are able to lead... we not only value living well and satisfactorily, but also appreciate having control over our lives.”


Equity is not just about poverty also about capabilities and enabling people to live flourishing lives

- Material
- Psychosocial
- Political